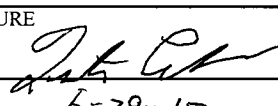


AO 435 AZ Form (Rev. 1/2015)		Administrative Office of the United States Courts TRANSCRIPT ORDER			FOR COURT USE ONLY DUE DATE:	
1. NAME Quintin H. Cushner		2. PHONE NUMBER 602-257-5207		3. DATE 05-29-2015		
4. FIRM NAME Step toe & Johnson LLP						
5. MAILING ADDRESS 201 E. Washington St., Suite 1600		6. CITY Phoenix		7. STATE AZ	8. ZIP CODE 85004	
9. CASE NUMBER 15-CV-00374-DLR		10. JUDGE Douglas L. Rayes		DATES OF PROCEEDINGS		
				11. 05-29-2015	12.	
13. CASE NAME SolarCity Corp. v. Salt River Project Agricultural, et al.		LOCATION OF PROCEEDINGS				
		14. Phoenix		15. STATE Arizona		
16. ORDER FOR						
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		
				<input type="checkbox"/> BANKRUPTCY		
				<input type="checkbox"/> OTHER (Specify)		
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)						
PORTIONS		DATE(S)		PORTION(S)		
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING				Rule 16 Scheduling Conf.		
<input type="checkbox"/> BAIL HEARING				05-29-2015		
18. ORDER						
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)		
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input type="checkbox"/> ASCII (e-mail)		
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>				
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>				
DAILY	<input type="checkbox"/>	<input type="checkbox"/>				
HOURLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS qcushner@step toe.com		
19. SIGNATURE 				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.		
20. DATE 5-29-15						
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL		
ORDER RECEIVED		DATE	BY	PROCESSED BY		
DEPOSIT PAID				PHONE NUMBER		
TRANSCRIPT ORDERED				DEPOSIT PAID		
TRANSCRIPT RECEIVED				TOTAL CHARGES		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				LESS DEPOSIT		
PARTY RECEIVED TRANSCRIPT				TOTAL REFUNDED		
				TOTAL DUE		

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